Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	03/22/2009	Address: 3208 Beech Rd.
Case #:	24F30229	Bremen, IN 46506
County:	<u>Marshall</u>	
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)
Chemi	tional Lab cal/Glassware/Equipment (only) site (only)	☐ Residence ☐ Hotel/Motel ☐ Outbuilding ☐ Open — No Structure ☐ Vehicle ☐ Other:
Items Fou	ınd: Location (hedronny, kitchen,	open air, etc)
(check all that apply) Lithium/Ammonia Reaction(s): One Pot Res		ot Reaction Vessel – In Yard
Red Pl	nosphorous/Iodine Reaction(s):	
Flamm	nable Solvents:	
☐ Water	Reactive Metal (Lithium):	
Anhyd	rous Ammonia:	
Hydro	chloric Acid Gas Generator(s):	
Corros	ive Acid:	
Corros	ive Base:	
Other ((item and location):	
Yes _ No *If yes, fax r	report to Child Protective Services	☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:
This repor	rt is to be faxed to the following	g agencies that serve the location:
Fire Depar	rtment: <u>Bremen Fire Dept.</u>	Fax: (574) 546-3376
Health De	partment: Marshall Co.	Fax: (574) 936-9247
Child Prof	ection Service: N/A	Fax:
Investigati	ing Officer: Tpr. David Caswell	namphetamine laboratory, contact Phone (260) 432-8661 nt, Health Department and/or Child Protective Services Department
listed v	within 24 hours of scene processing.	

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.